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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date First Named Inventor Art Unit Examinal Name Attorney Dates Names	errord loversites Silichard T. Hertz Silid Silid Silid Silid Silid Silid	
I hereby revoke all previous powers of attorney			
A Power of Altorney is submitted herewith.			
OR			
I hereby appoint the practitioners associated v	with the Customer Numb	er: 30743	
Please Change the correspondence address to	r the above-identified app	olication to:	
The address associated with Customer Number:		J	

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIONATURE of Applicant or Assignee of Record Signature Name Date Telephone 703-367-2428

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